PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
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TION:			
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District Level:			
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Bus Driver's ed Social Security #			
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORT	TATION:	
This clain	n is for the	period beginning			,	20 and	ending		, 2	20
			n	nonth	day		1	month	da	y
CERTIFI	[CATIO]	N:								
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kno	owledge.				
Date			Signatur	Signature, Chair, Board of Trustees						
County:			District:						District Lev	vel:
50 Teton	1		0884 Choteau H S						High So	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
50	1	1		98	1.36	60	08/23/05			
50	1	2		72	1.36	60	08/23/05	<u> </u>		
50	1	3		92	0.95	36	08/23/05	-		
50	1	4		94	0.95	47	08/23/05			
50	1	5		52	0.95	30	08/23/05			

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	Т 59620-25	01		School Bus	ransportation	County		
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	[:		
This claim is for the period beginning								/			
CERTIF	CERTIFICATION:										
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County: District:								District L	evel:		
50 Teton 0889 Bynum Elem							Eleme	ntary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		

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08/26/05

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superint May 24 to State Superinten
COMPLE	ETE THIS CLAIM FOR STATE REIMBURSEMENT FO	R SCHOOL BUS TRANSPORTATION:
This claim	n is for the period beginning	_ and ending

Superintendent perintendent ATION: , 20_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 0890 Fairfield Elem 50 Teton **Elementary** District Route Days Miles Rate **Bus Driver's** Percentage Per Day Per Mile Inspection Operated Social Security # # Capacity 50 21 1 84 1.15 58 08/15/05 2 50 21 100 1.15 58 08/15/05 50 21 3 98 1.15 58 08/15/05 50 21 4 70 52 08/15/05 1.15 5 50 21 94 1.36 08/15/05 66

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	0 to County	Semester Superintende uperintendent	nt
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SO	CHOOL BUS TR	RANSPORT	ATION:	
This clair	n is for the	period beginning	3		,	20 and	ending		, 20	_•
			n	nonth	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kno	owledge.				
Date			Signatur	e, Chair, Board	d of Trustees					
County:			District:						District Level:	
50 Tetor	n		0891	Fairfield	HS				High School	l
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Opei		Bus Driver's Social Security #
50	21	1		84	1.15	58	08/15/05			
50	21	2		100	1.15	58	08/15/05			_
50	21	3		98	1.15	58	08/15/05			_
50	21	4		70	1.15	52	08/15/05			
50	21	5		94	1.36	66	08/15/05			

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County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					R SCHOOL	BUS TRANSPORT	TATION:	
This claim	claim is for the period beginning, 20				and ending _		, 20	
		month	day			month	day	
CERTIFI	CATION:							
The information on this form is complete and accurate to the best of my knowledge.								
Date		Signature, Chair, Boa	rd of Trustees					

50 Teton			894 Power E	lem	Elemen	ntary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	30	1	84	0.95	48	08/18/05		
70	30	2	126.5	0.95	48	08/18/05		
70	30	3	93	1.36	60	08/18/05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1	First Semester to County Superin 5 to State Superin						
COMPLE	TE THIS CLAIM FO	OR STATE REIM	BURSEME	NT FOR	SCHOOL	BUS TRANSPORT	TATION:	
This claim	is for the period beginning	<u> </u>		, 20	and ending		, 20	
		month	day			month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	olete and accurate to th	e best of my k	nowledge.				
Date		Signature, Chair, Boar	rd of Trustees					
County		Districts					District Level	

50 Tetor	1	0895	Power H S				High School		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
30	30	1	84	0.95	48	08/18/05			
30	30	2	126.5	0.95	48	08/18/05			
30	30	3	93	1.36	60	08/18/05			

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	_	Hele	ena, MT	59620-25		School Bus Transportation -						
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent							Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	ETE THI	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORT	TATION:			
This claim	is for the	period beginning	·	nonth	day,	20 and en	ndingm	onth	, 20 day	·		
CERTIFI The inform		N: this form is comp	plete and a	accurate to th	e best of my kn	owledge.				_		
Date			Signatur	e, Chair, Board	d of Trustees							
County: District:									District Level:			
50 Teton 0896 Golden Ridge Elem						1			Elementar	ry		
Percentage # # Per Day Per Miles					Canacity	Inspection		ays rated	Bus Driver's			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena. MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
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DUE DATES:		February 1 February 1	5 to State	ty Superin	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THI	S CLAIM FO	OR STAT	E REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION:		
This clair	n is for the	period beginning	g		,	20 and e	nding	,	20	
month day month day								ny		
CERTIF	ICATION	V:								
The infor	mation on t	this form is comp	plete and ac	curate to th	e best of my kn	owledge.				
Date										
County:			District:				District Level:			
50 Tetor	1		0900 Greenfield Elem					Elemen	ıtary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	75	1		56	0.95	48	08/17/05			
				46	0.95	48	08/17/05			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			ox 20 na, M)2501 T 59620-25		School Bus	Transportation	County			
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:			
This clain	m is for the	period beginning	J		,	20 and e	nding	,	20		
				month	day		n	onth da	ny		
CERTIF	ICATIO	N:									
The info	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:				District Lev	vel:		
50 Teton 1235 Dutton/Brady K-12 Scho								High So	chool		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	28C	1		132	0.95	48	08/18/05				
100	28C	1Non		40	0.50	48	08/18/05				
100	28C	2		120	0.95	36	08/18/05				

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08/18/05

08/18/05